

Culbertson, Laura Irene Richardson 1848 - 1918

FORM V - 1-1908 2-29-12

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Benton

Vet. Pot. E Registration District No. 580 File No. 869

Ino. Town Courington Primary Registration District No. 2298 Registered No. 869

City Courington (No. 720 Greenup St., I Ward) (If buried in a hospital or institution, give its NAME instead of street and number.)

3 FULL NAME Arena Culbertson

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**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX F. 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH Sept 1st 1848

7 AGE 69 yrs. ... mos. ... ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Kenton Co

10 NAME OF FATHER Ino. Richardson

11 BIRTHPLACE OF FATHER (State or country) Kenton Co.

12 MAIDEN NAME OF MOTHER Caroline Hall

13 BIRTHPLACE OF MOTHER (State or country) Kenton Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Edw. Culbertson (Address) 720 Greenup St

15 Filed July 12, 1918 J. B. Kinsinger REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH July 10, 1918

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1918, to July 10, 1918, that I last saw her alive on July 10, 1918, and that death occurred on the date stated above at m. The CAUSE OF DEATH\* was as follows:  
Mitral Regurgitation  
(Duration) ... yrs. 8 mos. ... ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) [Signature], M. D. (Address) [Address]

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death? Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL Highland DATE OF BURIAL July 12, 1918

20 UNDERTAKER M. L. Sweetnam & Sons Co ADDRESS [Address] County

11-3194